

TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT
PART II - SUMMARY

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

REQUIREMENTS CONTROL SYMBOL
CSOCS-309

1. CLASSIFICATION a. Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related							2. TYPE EVENTS a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/>					
3. PERIOD OF DAY <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night 4. a. On Post <input type="checkbox"/> Yes <input type="checkbox"/> No b. On Airfield <input type="checkbox"/> Yes <input type="checkbox"/> No												
5. NEAREST MIL INSTALLATION							6. NO. OF ACFT INVOLVED					
7. LOCATION a. City:			b. State:	c. Country:		d. Grid or Lat./Long.:						
8. a. Acft MTDS:		b. (1) Orgn Acft Asgd:			(2) UIC:		c. Instal Acft Asgd:					
9. ORGN/CHAIN OF CMD INVOLVED AND ACCOUNTABLE												
a. ORGN/Chain of Cmd Involved		Orgn Involved	Chain of Cmd	Chain of Cmd	Chain of Cmd	Chain of Cmd	Army HQ					
	(1) Unit											
	(2) UIC											
b. ORGN/Chain of Cmd Accountable		Orgn Accountable	Chain of Cmd	Chain of Cmd	Chain of Cmd	Chain of Cmd	Army HQ					
	(1) Unit											
	(2) UIC											
10. a. Estimated Cost		<input type="checkbox"/> Total Loss			11. SURVIVABILITY		12. IN-FLT ESCAPE	13. FIRE	14. POSTCRASH ESCAPE DIFFICULTIES			
(1) Acft Damage Cost		\$			Owner		<input type="checkbox"/> Survivable	<input type="checkbox"/> Ejection	<input type="checkbox"/> None	<input type="checkbox"/> Yes		
(2) Repair M/Hrs Cost		\$			No. M/Hrs		<input type="checkbox"/> Partially	<input type="checkbox"/> Bailout	<input type="checkbox"/> Inflight	<input type="checkbox"/> No		
(3) Other Damage Mil		\$			Owner		<input type="checkbox"/> Survivable	<input type="checkbox"/> Not	<input type="checkbox"/> Post-crash	<input type="checkbox"/> NA		
(4) Other Damage Civ		\$			Owner		<input type="checkbox"/> Nonsurvivable	<input type="checkbox"/> Accomplished	<input type="checkbox"/> Other	<input type="checkbox"/> NA		
(5) Injury Cost		\$					<input type="checkbox"/> Acft Missing	<input type="checkbox"/> NA				
(6) Total Cost This Acft		\$										
b. Total Cost Multiple Acft		\$			15. USABLE FUEL ABOARD ACFT		a. At Takeoff: <input type="checkbox"/> lbs.	b. At Time of Emerg: <input type="checkbox"/> lbs.				
							c. At Acdt or Term: <input type="checkbox"/> lbs.	d. Type Fuel: <input type="checkbox"/>				
16. GENERAL DATA			Yes	No	17. FLIGHT PLAN	18. MISSION	19. INJURIES (Number)					
a. Fluid Spillage			<input type="checkbox"/>	<input type="checkbox"/>			a. Type	Fatal (A)	Disabling (B - E)	Nondisabling (F-G)	Missing (H)	Not injured (I)
b. (1) Night Visual Aids Used			<input type="checkbox"/>	<input type="checkbox"/>								
(2) Specify Type								a. Occupants Military				
c. (1) Digital Source Collector Installed			<input type="checkbox"/>	<input type="checkbox"/>				b. Occupants Other				
(2) Specify Type								c. Non-Occupants Mil				
d. Field Training Exercise Involved			<input type="checkbox"/>	<input type="checkbox"/>				d. Non-Occupants				
e. Heads-Up Display In Use			<input type="checkbox"/>	<input type="checkbox"/>		e. Total This Acft						
f. Emergency Locator Transmitter Installed			<input type="checkbox"/>	<input type="checkbox"/>		f. Multiple Acft Event						
20. TERRAIN OF CRASH SITE (More than one may apply)												
a. General Characteristics <input type="checkbox"/> Mountain <input type="checkbox"/> Desert <input type="checkbox"/> Rolling <input type="checkbox"/> Flat <input type="checkbox"/> Water					b. Surface at Crash Site <input type="checkbox"/> Prepared <input type="checkbox"/> Ice <input type="checkbox"/> Sod <input type="checkbox"/> Snow <input type="checkbox"/> Soggy <input type="checkbox"/> Water							
c. Crash Site Grade Degrees			<input type="checkbox"/> Level <input type="checkbox"/> Slope		d. Obstacles at Crash Site <input type="checkbox"/> Stumps <input type="checkbox"/> Trees <input type="checkbox"/> Bldg <input type="checkbox"/> Wires <input type="checkbox"/> Rocks/Boulders <input type="checkbox"/> Other							
21. FLIGHT DATA		Flight Duration	Phase of Operation	Altitude AGL		Airspeed TAS	Heading (Compass)	Aircraft Weight	Overgross Yes No			
				MSL								
a. Planned Data		Hr Tns							<input type="checkbox"/> <input type="checkbox"/>			
b. When Emergency Occurred		Hr Tns							<input type="checkbox"/> <input type="checkbox"/>			
c. Accident or Termination		Hr Tns							<input type="checkbox"/> <input type="checkbox"/>			
22. ACCIDENT CAUSE FACTORS (Enter a D, S, or U in appropriate blocks to identify definite, suspected, or undetermined causes)												
a. Personnel			D, S, or U		Personnel (Continued)				D, S, or U			
(1) Flight Crew: Duty			<input type="checkbox"/>		(3) Supervisory Duty							
Duty			<input type="checkbox"/>		Duty							
Duty			<input type="checkbox"/>		(4) Other Duty							
(2) Ground Crew: Duty			<input type="checkbox"/>		b. Materiel Failure/Malfunction							
Duty			<input type="checkbox"/>		c. Environmental							
23. SEQUENCE (Factual accident sequence from onset of emergency through termination of flight. Use additional sheet if required.)												
24. AVN SAFETY OFFICER		a. Name, Rank, and Orgn					b. Signature					
25. CASE NO.		a. Date (YYYYMMDD)		b. Time		c. Acft Serial No.			26. OTHER ACFT SERIAL NO.			